



08-05-02

PTO/SB/17 (12/99)

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NO FEE TRANSMITTAL for FY 2002		Complete if Known		
<p><i>Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 AND 1.28</i></p>		Application Number	09/258,013	
		Filing Date	February 25, 1999	
		First Named Inventor	ALOK KUMAR SRIVASTAVA	
		Examiner Name	BEATRIZ PRIETO	
		Group/Art Unit	2152	
TOTAL AMOUNT OF PAYMENT	(\$0.00)	Attorney Docket No.	50277-0236	
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)		
1. <input checked="" type="checkbox"/> Throughout the pendency of this application, please charge any additional fees, including any required extension of time fees, and credit all overpayments to deposit account 50-1302. A duplicate of this sheet is enclosed.		3. ADDITIONAL FEES		
Deposit Account Number	50-1302	Large Entity Fee Code	Small Entity Fee Code	Fee Description
Deposit Account Name	Hickman Palermo Truong & Becker, LLP	\$	—\$	
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		105	130	205 65 Surcharge – late filing fee or oath
3. <input type="checkbox"/> Applicant(s) is entitled to small entity status. See 37 CFR 1.27		127	50	227 25 Surcharge – late provisional filing fee or cover sheet.
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee
		SUBTOTAL (1) (\$0.00)		
2. EXTRA CLAIM FEES				
Total Claims	18	Extra Claims	Fee from Below	Fee Paid
Independent Claims	2	-20*= 0	X 18.00	= 0.00
Multiple Dependent		-2= 0	X 84.00	= 0.00
**or number previously paid, if greater; For Reissues, see below				
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
		SUBTOTAL (2) (\$0.00)		
*Reduced by Basic Filing Fee Paid				
SUBTOTAL (3) (\$0.00)				
SUBMITTED BY				
Name (Print/Type)	MARCEL K. BINGHAM		Registration No. (Attorney/Agent)	42,327
Signature			Telephone	(408) 414-1080
Complete if applicable				
Date	August 2, 2002			

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